

STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS

REGISTRY FOR ASSISTANTS/TRAINEES

 **THIS FORM IS FOR USE IN REGISTERING WITH THE BOARD OFFICE
AS AN ASSISTANT/TRAINEE**

Please Print or Type:

Last Name: _____ **First Name:** _____ **MI** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Social Security Number: _____ **Date of Birth:** _____

NOTE: Once registered, you must report name and/or address changes to the board office within 10 days of the change in order to receive future updates, newsletters, etc.

****Return to the above address.**